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Date:	October 12, 2005		
To:	U.S. Patent and Trademark Office	Fax Telephone #:	571-273-8300
		Office Telephone #:	
From:	David S. Park	Date Sent:	
Subject:	Applicant: William R. Rassman Serial No. 10/752,263	Time Sent:	
Client/File:	M-15239-1P US	Fax Operator:	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): William R. Rassman; Jae Pak
Assignee: William R. Rassman
Title: Method and Apparatus For Transplanting a Hair Graft
Serial No.: 10/752,263 Filing Date: January 5, 2004
Examiner: Victor X. Nguyen Group Art Unit: 3731
Docket No.: M-15239-1P US Confirmation No.: 4042

Irvine, California
October 12, 2005

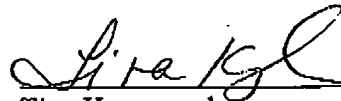
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Commissioner for Patents
P.O. Box 1405
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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following Transmittal Letter (1 page), Petition for Extension of Time (1 page) and Response to Office Action (12 pages) are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: October 12, 2005


Tina Kavanaugh

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October 12, 2005

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Applicant(s): William Rassman; Jac Pak
 Title: Method and Apparatus for Transplanting a Hair Graft
 Serial No.: 10/752,263 Filed: January 5, 2004
 Examiner: Nguyen, Vi X. Group Art Unit: 3731
 Docket No.: M-15239-1P US Confirmation No. 4042

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

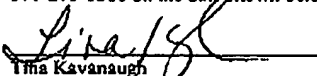
- (1) Facsimile Cover Sheet;
- (2) This Transmittal Letter; (1 page)
- (3) Petition for Extension of Time (1 page)
- (4) Response to Office Action (12 pages)

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below:

CLAIMS AS AMENDED

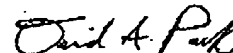
	Claims Remaining <u>After</u> <u>Amendment</u>		Highest No. Previously <u>Paid</u> <u>For</u>		Present <u>Extra</u>	<u>Rate</u>	Additional <u>Fee</u>	
Total Claims	23	Minus	29	=	0	X \$25.00	\$	0
Independent Claims	2	Minus	5	=	0	X \$100.00	\$	0
<input type="checkbox"/> Fee of _____ for the first filing of one or more multiple dependent claims per application							\$	
Total additional fee for this Amendment:							\$	<u>0</u>
<input checked="" type="checkbox"/> Petition for One-Month Extension of Time							\$	<u>60.00</u>
<input type="checkbox"/> Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.								
<input checked="" type="checkbox"/> Please charge our Deposit Account No. 50-2257 in the amount of							\$	<u>60.00</u>
<input checked="" type="checkbox"/> Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 50-2257								
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I hereby certify that this correspondence is facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450, at 571-273-8300 on the date shown below.


 Tina Kavanaugh

October 12, 2005

Respectfully submitted,



David S. Park
 Attorney for Applicants
 Reg. No. 52,094